

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

4 IN RE: NATIONAL)
5 PRESCRIPTION) MDL No. 2804
6 OPIATE LITIGATION)
7 _____) Case No.
8) 1:17-MD-2804
9)
10 THIS DOCUMENT RELATES) Hon. Dan A.
11 TO ALL CASES) Polster
12)

13 THURSDAY, JANUARY 17, 2019

14 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
15 CONFIDENTIALITY REVIEW

16 - - -

17 Videotaped deposition of Kevin
18 Webb, Fact Deposition, Volume I, held at the
19 offices of STINSON LEONARD STREET LLP, 7700
20 Forsyth Boulevard, Suite 1000, St. Louis,
21 Missouri, commencing at 2:36 p.m., on the
22 above date, before Carrie A. Campbell,
23 Registered Diplomate Reporter and Certified
24 Realtime Reporter.

25 - - -

26 GOLKOW LITIGATION SERVICES
27 877.370.3377 ph | 917.591.5672 fax
28 deps@golkow.com

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|--|---|
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| Page 3 | Page 5 |
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|--------|---|----------|--------|--|----------|
| 1 | same firm, same plaintiffs. | 14:36:44 | 1 | Did you engage in any other | 14:38:08 |
| 2 | MR. GABEL: Louis Gabel from | 14:36:45 | 2 | preparation for your individual testimony, | 14:38:11 |
| 3 | Jones Day on behalf of Walmart. | 14:36:48 | 3 | other than the preparation you've already | 14:38:12 |
| 4 | MS. HARMON: Sarah Harmon with | 14:36:49 | 4 | described in the context of your 30(b)(6)? | 14:38:14 |
| 5 | Armstrong Teasdale on behalf of | 14:36:53 | 5 | A. No, nothing. | 14:38:17 |
| 6 | Cardinal Health. | 14:36:54 | 6 | Q. Okay. Have you ever given a | 14:38:19 |
| 7 | MR. GOLDSTEIN: Josh Goldstein, | 14:36:55 | 7 | deposition before today? | 14:38:21 |
| 8 | Ropes & Gray, on behalf of the | 14:36:56 | 8 | A. I have. | 14:38:23 |
| 9 | witness, Mallinckrodt, LLC, and SpecGx | 14:36:57 | 9 | Q. And on how many occasions? | 14:38:24 |
| 10 | LLC. | 14:37:00 | 10 | A. One. | 14:38:27 |
| 11 | MR. O'CONNOR: Brien O'Connor | 14:37:01 | 11 | Q. Okay. And what did it pertain | 14:38:28 |
| 12 | from Ropes & Gray on behalf of the | 14:37:02 | 12 | to? | 14:38:29 |
| 13 | witness, Kevin Webb, Mallinckrodt, | 14:37:04 | 13 | A. It pertained to -- well, I | 14:38:29 |
| 14 | LLC, and SpecGx, LLC. | 14:37:06 | 14 | don't even know the context. It was with | 14:38:36 |
| 15 | VIDEOGRAPHER: Will attorneys | 14:37:09 | 15 | Restoril, one of our -- one of our | 14:38:38 |
| 16 | present by phone please introduce | 14:37:09 | 16 | nonpromoted pharmaceutical products, on | 14:38:40 |
| 17 | themselves? | 14:37:12 | 17 | pricing. I don't know if it was pricing, | 14:38:45 |
| 18 | MR. ROBERTS: Ryan Roberts, | 14:37:15 | 18 | but -- do you remember the context of it? | 14:38:47 |
| 19 | Covington & Burling, on behalf of | 14:37:16 | 19 | It was -- I think it had to do | 14:38:48 |
| 20 | McKesson. | 14:37:18 | 20 | with a pricing issue, but this was six years | 14:38:50 |
| 21 | MR. JOHNSON: Jim Johnson, | 14:37:18 | 21 | ago. | 14:38:51 |
| 22 | Jackson Kelly, on behalf of | 14:37:20 | 22 | Q. Okay. It was a | 14:38:52 |
| 23 | AmericanBerg -- AmeriBergenSource | 14:37:23 | 23 | Mallinckrodt-related matter -- | 14:38:53 |
| 24 | {sic}. | 14:37:28 | 24 | A. It was a Mallinckrodt-related | 14:38:54 |
| 25 | VIDEOGRAPHER: Our court | 14:37:28 | 25 | matter, yes, sir. | 14:38:56 |
| Page 7 | | | Page 9 | | |
| 1 | reporter is Carrie Campbell, and she | 14:37:29 | 1 | Q. Okay. And your -- what was the | 14:38:57 |
| 2 | will now swear in the witness. | 14:37:31 | 2 | nature of your knowledge as to matters that | 14:38:58 |
| 3 | | | 3 | were at issue in that litigation as far as | 14:39:03 |
| 4 | KEVIN WEBB, | | 4 | you know? | 14:39:04 |
| 5 | of lawful age, having been first duly sworn | | 5 | A. At that time, I was the product | 14:39:05 |
| 6 | to tell the truth, the whole truth and | | 6 | manager, senior product manager, of the | 14:39:07 |
| 7 | nothing but the truth, deposes and says on | | 7 | brand. | 14:39:08 |
| 8 | behalf of the Plaintiffs, as follows: | | 8 | Q. Okay. And what was the brand? | 14:39:08 |
| 9 | | 14:37:39 | 9 | A. Restoril. | 14:39:09 |
| 10 | DIRECT EXAMINATION | 14:37:39 | 10 | Q. And what type of medication is | 14:39:10 |
| 11 | QUESTIONS BY MR. GOTTO: | 14:37:39 | 11 | that? | 14:39:11 |
| 12 | Q. Good afternoon, Mr. Webb. | 14:37:40 | 12 | A. Restoril is a sleep aid, a | 14:39:11 |
| 13 | A. Good afternoon. | 14:37:41 | 13 | temazepam. | 14:39:18 |
| 14 | Q. My name is Gary Gotto, as I | 14:37:42 | 14 | Q. Okay. Okay. So apart from | 14:39:18 |
| 15 | just shared. I'm with the law firm Keller | 14:37:44 | 15 | that deposition, have you otherwise ever | 14:39:37 |
| 16 | Rohrbach representing plaintiffs in this | 14:37:46 | 16 | testified under oath? | 14:39:39 |
| 17 | matter. | 14:37:47 | 17 | A. No. | 14:39:40 |
| 18 | Thank you for taking the time | 14:37:48 | 18 | Q. Okay. Can you briefly describe | 14:39:40 |
| 19 | this afternoon to give us a head start on | 14:37:49 | 19 | for me your post-high school education? | 14:39:45 |
| 20 | your personal deposition so we can perhaps | 14:37:53 | 20 | A. Education? | 14:39:47 |
| 21 | get done earlier tomorrow than we otherwise | 14:37:55 | 21 | Q. Yeah. | 14:39:49 |
| 22 | would have been able to. | 14:38:01 | 22 | A. Let's see. Post-high school. | 14:39:50 |
| 23 | I know you testified earlier | 14:38:01 | 23 | I graduated from St. Louis University in | 14:39:54 |
| 24 | today with respect to what you did to prepare | 14:38:03 | 24 | 1987, and then I graduated with a master's, | 14:40:00 |
| 25 | for your 30(b)(6) testimony. | 14:38:04 | 25 | an MBA, from the University of | 14:40:02 |

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|--|---|
| <p>1 Illinois-Springfield in 1990 -- 1997. 14:40:05</p> <p>2 Q. And what was your undergraduate 14:40:10</p> <p>3 major? 14:40:14</p> <p>4 A. It was a bachelor of science in 14:40:14</p> <p>5 behavioral sciences. 14:40:16</p> <p>6 Q. Apart from your bachelor's 14:40:18</p> <p>7 degree and your MBA, any other degrees that 14:40:23</p> <p>8 you hold? 14:40:26</p> <p>9 A. No. 14:40:26</p> <p>10 Q. Any other professional 14:40:27</p> <p>11 certifications? 14:40:31</p> <p>12 A. No. 14:40:31</p> <p>13 Q. Any other licenses? 14:40:32</p> <p>14 A. No. 14:40:33</p> <p>15 Q. Have you, again, apart from 14:40:34</p> <p>16 your coursework leading up to your bachelor's 14:40:45</p> <p>17 degree and your MBA, otherwise taken any 14:40:48</p> <p>18 other non-degree-related coursework? 14:40:51</p> <p>19 A. From a institution of higher 14:40:54</p> <p>20 learning or just in -- for personal 14:41:00</p> <p>21 advancement? 14:41:02</p> <p>22 Q. Well, let's start with 14:41:03</p> <p>23 institution of higher learning. 14:41:05</p> <p>24 A. No. 14:41:08</p> <p>25 Q. Okay. 14:41:10</p> | <p>1 would, your employment after graduating 14:42:11</p> <p>2 college and up until the time you got your 14:42:15</p> <p>3 MBA. 14:42:18</p> <p>4 A. Let's see. Following college, 14:42:19</p> <p>5 I spent a few months at a financial firm. I 14:42:28</p> <p>6 don't remember who that was. I don't 14:42:39</p> <p>7 remember who it was. It was -- it was a -- 14:42:40</p> <p>8 it was a -- it was a warehouse position. It 14:42:43</p> <p>9 was not even -- it was not in finances, 14:42:49</p> <p>10 believe me. 14:42:50</p> <p>11 And then from there, I took a 14:42:52</p> <p>12 job with -- and that was -- at the time was 14:42:55</p> <p>13 McDonnell Douglas, which is now Boeing 14:42:58</p> <p>14 aircraft, and I worked there for 14:43:02</p> <p>15 approximately three years as what we would 14:43:04</p> <p>16 call a business analyst. I was a project 14:43:05</p> <p>17 planner/analyst working with engineers. 14:43:10</p> <p>18 From there I went to a company 14:43:12</p> <p>19 called Jordan and Associates here in 14:43:18</p> <p>20 St. Louis. It was a small consulting firm 14:43:20</p> <p>21 focusing on record retention. So it was a 14:43:23</p> <p>22 sales position. 14:43:26</p> <p>23 From there, then I went to a 14:43:28</p> <p>24 company called Option Care. Option Care is 14:43:34</p> <p>25 a -- was a home infusion company. 14:43:38</p> |
| Page 11 | Page 13 |
| <p>1 A. I'm just trying to think. No. 14:41:10</p> <p>2 I mean, nothing that would have been through 14:41:12</p> <p>3 a university or college. 14:41:14</p> <p>4 Q. Okay. Have you taken any -- 14:41:16</p> <p>5 engaged in any coursework related to your 14:41:19</p> <p>6 professional activities? 14:41:23</p> <p>7 A. There would have been 14:41:23</p> <p>8 presentations, skill classes. We -- those -- 14:41:29</p> <p>9 I mean, and what they were, I don't know. I 14:41:37</p> <p>10 mean, this was years ago. 14:41:38</p> <p>11 Q. Okay. Did any of your 14:41:39</p> <p>12 undergraduate coursework relate in any way to 14:41:42</p> <p>13 pharmaceuticals? 14:41:45</p> <p>14 A. No. 14:41:46</p> <p>15 Q. Okay. How about to the 14:41:46</p> <p>16 Controlled Substances Act? 14:41:50</p> <p>17 A. No. 14:41:50</p> <p>18 Q. And any of the work in 14:41:51</p> <p>19 connection with your MBA relate in any way to 14:41:57</p> <p>20 pharmaceuticals? 14:41:59</p> <p>21 A. No. 14:41:59</p> <p>22 Q. Or the Controlled Substances 14:42:00</p> <p>23 Act? 14:42:01</p> <p>24 A. No. 14:42:01</p> <p>25 Q. Okay. Describe for me, if you 14:42:01</p> | <p>1 And then from there I was -- 14:43:45</p> <p>2 took on a position as a marketing manager at 14:43:46</p> <p>3 Memorial Hospital in Springfield, Illinois, 14:43:50</p> <p>4 at which point then I started and did my MBA. 14:43:54</p> <p>5 Q. Okay. And you used the term 14:43:57</p> <p>6 "home infusion." I'm not familiar with that. 14:44:03</p> <p>7 What's the nature of that -- 14:44:04</p> <p>8 A. Home care services. It was a 14:44:06</p> <p>9 home care company that would -- it was 14:44:07</p> <p>10 operated out of a small retail pharmacy that 14:44:10</p> <p>11 would develop medical products, compounded 14:44:14</p> <p>12 medical products, for home delivery, use at 14:44:19</p> <p>13 home. Home antibiotics, extended 14:44:23</p> <p>14 antibiotics, feeding -- enteral nutrition, 14:44:26</p> <p>15 feeding nutrition. 14:44:29</p> <p>16 So someone who's been 14:44:31</p> <p>17 discharged from a hospital but is still in 14:44:33</p> <p>18 need of a clinical -- or a therapeutic need, 14:44:35</p> <p>19 instead of keeping them in the hospital, they 14:44:36</p> <p>20 would treat them at home. 14:44:39</p> <p>21 Q. Okay. Okay. And describe for 14:44:39</p> <p>22 me, if you would, your employment after 14:44:41</p> <p>23 obtaining your MBA. 14:44:44</p> <p>24 A. Following that, I went to a 14:44:45</p> <p>25 company called -- what is now 14:44:49</p> |

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1 Sanofi pharmaceut -- I went into 14:44:52
 2 pharmaceuticals. That was -- so I started 14:44:55
 3 with a company called Sanofi -- at the time 14:44:58
 4 it was Pasteur Mérieux Connaught -- as a 14:45:00
 5 sales rep in the central Illinois territory, 14:45:03
 6 which would have been around the Springfield, 14:45:09
 7 Illinois, area. 14:45:11
 8 From there I was promoted into 14:45:12
 9 a position, what we call an insider, an 14:45:15
 10 in-house sales manager. These were managing 14:45:18
 11 phone representatives, sales representatives, 14:45:22
 12 who managed a bank of calls, phones -- phones 14:45:24
 13 that would call into small physician offices. 14:45:28
 14 From there, then I was promoted 14:45:32
 15 to a district or field manager where I came 14:45:34
 16 back to the St. Louis area, and I had 14:45:37
 17 responsibility for several states of field 14:45:42
 18 representatives. 14:45:45
 19 And then from there I was 14:45:46
 20 promoted back to our home office as a -- into 14:45:47
 21 product management, so as a product -- an 14:45:51
 22 associate product manager, and then promoted 14:45:54
 23 to a product manager. 14:45:56
 24 And then how far am I going? 14:46:01
 25 I'm up -- then I'm going to be 14:46:03

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1 leaving the company at that point because 14:46:04
 2 I -- from there I then went to -- I left 14:46:05
 3 there and came to work for Mallinckrodt in 14:46:07
 4 2007. 14:46:10
 5 Q. Okay. So just a couple more 14:46:10
 6 questions about your time at -- 14:46:16
 7 A. Sanofi. 14:46:19
 8 Q. -- Sanofi. Not Sanofi? 14:46:20
 9 A. Some call it Sanofi. I always 14:46:24
 10 called it Sanofi. 14:46:28
 11 Q. Okay. 14:46:29
 12 A. Like the Santa Fe Trail. 14:46:29
 13 Q. So what were the nature of the 14:46:29
 14 products that you had responsibility for at 14:46:31
 15 Sanofi? 14:46:36
 16 A. They were biologicals, 14:46:36
 17 vaccines, pediatric vaccines. 14:46:39
 18 Q. So no controlled substances 14:46:41
 19 under the Controlled Substances Act? 14:46:42
 20 A. No. 14:46:43
 21 Q. So you joined Mallinckrodt in 14:46:44
 22 2007, I believe you indicated? 14:46:51
 23 A. Correct. 14:46:52
 24 Q. And what was your reason for 14:46:53
 25 leaving Sanofi to join Mallinckrodt? 14:46:55

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1 A. My wife's parents had taken 14:46:58
 2 ill. They're from central Illinois, and we 14:47:00
 3 were living on the East Coast, and she wanted 14:47:02
 4 to come home. 14:47:04
 5 Q. Okay. So when you joined 14:47:05
 6 Mallinckrodt, what was -- what position did 14:47:07
 7 you take? 14:47:08
 8 A. I came in as a senior project 14:47:08
 9 manager. I was put in -- I had 14:47:15
 10 responsibility then for two products: 14:47:16
 11 Tofranil-PM, which is an antidepressant, and 14:47:23
 12 Restoril, which is temazepam, which is a 14:47:27
 13 sleep aid. 14:47:33
 14 Q. And how long did you hold the 14:47:34
 15 senior product manager position at 14:47:38
 16 Mallinckrodt? 14:47:40
 17 A. Until 2009. 14:47:40
 18 Q. And during that period, to whom 14:47:42
 19 did you report? 14:47:46
 20 A. A gentleman by the name of Rod 14:47:46
 21 Novak. 14:47:49
 22 Q. And describe for me, if you 14:47:50
 23 would, generally, your duties as a senior 14:47:59
 24 product manager at Mallinckrodt. 14:48:04
 25 A. The senior product manager 14:48:05

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1 would be responsible for development of the 14:48:06
 2 sales material for the sales force, 14:48:09
 3 forecasting, inventory, making sure we have 14:48:16
 4 enough product available, messaging around 14:48:18
 5 what is it that we want to be saying in the 14:48:25
 6 medical community. 14:48:26
 7 Q. Okay. Were any of the products 14:48:30
 8 that you had responsibility for as a senior 14:48:36
 9 product manager scheduled under the 14:48:38
 10 Controlled Substances Act? 14:48:41
 11 A. Restoril was a C -- Restoril 14:48:43
 12 was a C-IV product. Tofranil-PM is an 14:48:49
 13 antidepressant. I would say it was a C-III, 14:48:55
 14 but I'd have to be -- I'd have to refresh my 14:48:57
 15 memory on that. 14:48:59
 16 Q. Okay. In your role as senior 14:49:00
 17 product manager, did you have occasion to 14:49:02
 18 become familiar with any of the regulatory 14:49:05
 19 requirements imposed by the Controlled 14:49:08
 20 Substances Act over the products that you had 14:49:12
 21 responsibility for? 14:49:13
 22 A. The -- not that I'm aware of. 14:49:14
 23 I mean, and I say that to the extent that 14:49:23
 24 the -- any of the marketing efforts that we 14:49:25
 25 would have been engaged with would have been 14:49:29

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|---------|--|---------|--|
| 1 | coordinated through our med/legal review 14:49:31 | 1 | the generics side of the business. No. 14:51:44 |
| 2 | process. 14:49:34 | 2 | Q. How about Ginger Collier? 14:51:45 |
| 3 | And so had they then shared 14:49:35 | 3 | A. I knew who she was, but I did 14:51:47 |
| 4 | with me, in the process of taking any of our 14:49:38 | 4 | not have interaction with her, no. 14:51:49 |
| 5 | material through the review process to be 14:49:39 | 5 | Q. So fair -- am I understanding 14:51:52 |
| 6 | approved for distribution, they then may have 14:49:41 | 6 | correctly the products you had responsibility 14:52:06 |
| 7 | shared with that, but I did not have 14:49:43 | 7 | for as senior product manager were branded 14:52:08 |
| 8 | anything -- any personal, firsthand training 14:49:44 | 8 | products? Is that correct? 14:52:10 |
| 9 | on the Controlled Substances Act. 14:49:47 | 9 | A. Correct. These were detailed 14:52:11 |
| 10 | Q. Okay. Did you have any 14:49:48 | 10 | by our sales force. 14:52:14 |
| 11 | responsibilities as a senior product manager 14:49:53 | 11 | Q. Okay. And who had -- who had 14:52:15 |
| 12 | that pertained to the monitoring of orders to 14:49:56 | 12 | senior responsibility for marketing with 14:52:18 |
| 13 | determine if they were suspicious under the 14:50:01 | 13 | respect to those products? 14:52:21 |
| 14 | Controlled Substances Act? 14:50:03 | 14 | A. That would have been my boss, 14:52:21 |
| 15 | A. No. 14:50:04 | 15 | Rod Novak. 14:52:24 |
| 16 | Q. Do you know if anyone had such 14:50:04 | 16 | Q. Okay. I think you indicated 14:52:24 |
| 17 | responsibility with respect to orders for 14:50:10 | 17 | you had the senior product manager position 14:52:33 |
| 18 | products that you had responsibility for as 14:50:13 | 18 | until 2009. 14:52:37 |
| 19 | senior product manager? 14:50:15 | 19 | Did you take a new position at 14:52:37 |
| 20 | A. The individual that was leading 14:50:16 | 20 | that point? 14:52:39 |
| 21 | our review process at the time -- I don't 14:50:22 | 21 | A. I did. 14:52:39 |
| 22 | know if these products fell in under that, 14:50:28 | 22 | Q. What was that? 14:52:40 |
| 23 | but it was Jason Jones who would be 14:50:31 | 23 | A. I was promoted to product 14:52:40 |
| 24 | coordinating and reviewing the release of 14:50:34 | 24 | director. I had responsibility for a new 14:52:43 |
| 25 | orders. 14:50:36 | 25 | product of ours that we brought in, acquired, 14:52:45 |
| Page 19 | | Page 21 | |
| 1 | Q. As senior product manager, did 14:50:37 | 1 | called PENNSAID, which is an NSAID, a topical 14:52:48 |
| 2 | you interact in any way with Jim Rausch? 14:50:46 | 2 | NSAID. 14:52:53 |
| 3 | A. No. 14:50:49 | 3 | Q. I'm sorry, a topical -- 14:52:54 |
| 4 | Q. How about Cathy Stewart? 14:50:49 | 4 | A. It's a topical NSAID. 14:52:55 |
| 5 | A. I'm trying to place -- I'm 14:50:52 | 5 | Q. Okay. And what were your 14:52:58 |
| 6 | trying to see my memory of Cathy Stewart was. 14:50:57 | 6 | responsibilities as product director? 14:53:00 |
| 7 | Can you remind me what 14:51:01 | 7 | A. Very similar to the senior 14:53:01 |
| 8 | department she was in? 14:51:02 | 8 | product manager. You would be responsible 14:53:03 |
| 9 | Q. I believe she was in customer 14:51:04 | 9 | for all aspects of the brand: messaging, 14:53:05 |
| 10 | service. 14:51:06 | 10 | material, inventory, packaging. 14:53:09 |
| 11 | A. No. And if I did, it was just 14:51:07 | 11 | Q. And to whom did you report as 14:53:11 |
| 12 | through e-mail. But I can't even draw a 14:51:10 | 12 | product -- at product director? 14:53:14 |
| 13 | recollection of who she is. 14:51:13 | 13 | A. I still reported to Rod Novak. 14:53:15 |
| 14 | Q. Fair enough. 14:51:13 | 14 | Q. And for how long did you hold 14:53:17 |
| 15 | How about Karen Harper? 14:51:14 | 15 | the product director position? 14:53:28 |
| 16 | A. Karen Harper. What department? 14:51:17 | 16 | A. Approximately mid-2013. 14:53:29 |
| 17 | Q. I believe compliance. 14:51:19 | 17 | Q. As product director, did you 14:53:31 |
| 18 | A. Oh, yes. Yes, I would -- well, 14:51:21 | 18 | have occasion to become familiar with any of 14:53:39 |
| 19 | no, I know Karen, yes, but she is involved 14:51:26 | 19 | the regulatory requirements imposed by the 14:53:41 |
| 20 | with our opioid DEA compliance. I would not 14:51:29 | 20 | Controlled Substances Act over any product 14:53:43 |
| 21 | have dealt with her at that time. 14:51:32 | 21 | for which you had responsibility? 14:53:45 |
| 22 | Q. Okay. How about Kate 14:51:33 | 22 | A. No, it was not a controlled 14:53:47 |
| 23 | Muhlenkamp? Or you may have known her by the 14:51:39 | 23 | substance. 14:53:50 |
| 24 | name Kate Neely. 14:51:41 | 24 | Q. Okay. And am I understanding 14:53:50 |
| 25 | A. Yeah, she was the -- she was on 14:51:43 | 25 | your testimony that your job responsibilities 14:53:55 |

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| <p style="text-align: right;">Page 22</p> <p>1 as product director were very similar to what 14:53:58</p> <p>2 those responsibilities had been as senior 14:54:03</p> <p>3 product manager? Is that fair? 14:54:05</p> <p>4 A. It's very similar. I mean, 14:54:06</p> <p>5 when I was senior product director, senior 14:54:08</p> <p>6 product manager, I was an in of one, so 14:54:12</p> <p>7 titles didn't mean -- you're doing the job, 14:54:15</p> <p>8 and so it was -- we were very thin-staffed. 14:54:17</p> <p>9 Q. Okay. So mid-2013, you took a 14:54:23</p> <p>10 new position? 14:54:26</p> <p>11 A. Correct. 14:54:27</p> <p>12 Q. And what was that? 14:54:28</p> <p>13 A. I was -- I took on 14:54:28</p> <p>14 responsibility for what -- leading up or 14:54:31</p> <p>15 starting our advocacy department. 14:54:34</p> <p>16 So at that point I moved out 14:54:39</p> <p>17 from under our commercial team, and my 14:54:41</p> <p>18 responsibility then was moved into -- head 14:54:44</p> <p>19 count was moved into our government affairs, 14:54:47</p> <p>20 public policy, communications department. 14:54:50</p> <p>21 Q. And for -- and I'm sorry, what 14:54:52</p> <p>22 was your title when you moved to the new 14:55:02</p> <p>23 position? 14:55:04</p> <p>24 A. Director of advocacy. 14:55:05</p> <p>25 Q. And for how long did you hold 14:55:07</p> | <p style="text-align: right;">Page 24</p> <p>1 ways to address appropriate, safe use, 14:56:36</p> <p>2 balanced pain management. My focus at that 14:56:40</p> <p>3 time is looking at how to advance multimodal 14:56:43</p> <p>4 analgesia, minimize use of opioids, patient 14:56:50</p> <p>5 safety, appropriate safe use of opioids and 14:56:53</p> <p>6 disposal of opioids. 14:56:58</p> <p>7 Q. And I think you indicated that 14:56:59</p> <p>8 when you took the position, the advocacy 14:57:05</p> <p>9 position, you were starting up that function 14:57:07</p> <p>10 at Mallinckrodt. 14:57:11</p> <p>11 So was -- did that position not 14:57:11</p> <p>12 exist before you took it? 14:57:15</p> <p>13 A. Not -- not -- not in a -- in an 14:57:16</p> <p>14 official capacity. The -- any type of 14:57:20</p> <p>15 engagement that the company may have had at 14:57:23</p> <p>16 that time prior to that was with third-party 14:57:25</p> <p>17 organizations. Would have been 14:57:30</p> <p>18 compartmentalized through either medical 14:57:32</p> <p>19 affairs, communications. But it was not a 14:57:34</p> <p>20 structured process, meaning that it wasn't a 14:57:41</p> <p>21 defined responsibility. 14:57:46</p> <p>22 Q. Okay. And if I understood your 14:57:46</p> <p>23 testimony a few moments ago, the creation of 14:57:56</p> <p>24 the position wasn't somehow related to the 14:58:00</p> <p>25 Covidien/Mallinckrodt transaction that was 14:58:03</p> |
| <p style="text-align: right;">Page 23</p> <p>1 that position? 14:55:12</p> <p>2 A. Let's see. It's 2019. Until 14:55:13</p> <p>3 end of 2016? End of 2016. 14:55:22</p> <p>4 Q. Okay. As director of advocacy, 14:55:28</p> <p>5 to whom did you report? 14:55:34</p> <p>6 A. At that time my manager was 14:55:36</p> <p>7 Derek Naten within government affairs. 14:55:39</p> <p>8 Q. Okay. And did you report to 14:55:42</p> <p>9 him during the entire time you were director 14:55:48</p> <p>10 of advocacy? 14:55:51</p> <p>11 A. Yes. 14:55:51</p> <p>12 Q. Okay. What was your reason for 14:55:53</p> <p>13 moving from the product director to director 14:55:54</p> <p>14 of advocacy position? 14:55:56</p> <p>15 A. I was asked to do so by the 14:55:58</p> <p>16 company. We -- at that time Mallinckrodt was 14:56:02</p> <p>17 in the process of spinning out from under 14:56:04</p> <p>18 Covidien. We wanted to -- we needed an 14:56:06</p> <p>19 organization -- we needed an individual to -- 14:56:11</p> <p>20 from a patient -- or a public engagement, so 14:56:13</p> <p>21 they asked if I would lead that effort 14:56:20</p> <p>22 with -- as representative of Mallinckrodt 14:56:25</p> <p>23 with associations and organizations. 14:56:28</p> <p>24 And the advocacy department was 14:56:33</p> <p>25 charged then with advancing and looking for 14:56:34</p> | <p style="text-align: right;">Page 25</p> <p>1 going on at the time. 14:58:06</p> <p>2 Did I understand you correctly? 14:58:07</p> <p>3 A. Mallinckrodt was spinning out 14:58:09</p> <p>4 from under Covidien at the time, and we were 14:58:10</p> <p>5 going to be a, as we are now, a separate -- 14:58:13</p> <p>6 an independent company. So it was a new 14:58:16</p> <p>7 company to the extent of relationships. And 14:58:19</p> <p>8 we had been known as an identity of Covidien, 14:58:22</p> <p>9 so we had to reestablish the Mallinckrodt 14:58:25</p> <p>10 brand. 14:58:27</p> <p>11 Q. Okay. So the types of 14:58:28</p> <p>12 responsibilities you were to have as the 14:58:34</p> <p>13 director of advocacy at Mallinckrodt, had 14:58:36</p> <p>14 there been someone who had similar 14:58:39</p> <p>15 responsibilities at Covidien? 14:58:42</p> <p>16 A. Within the Covidien parent 14:58:43</p> <p>17 company, I don't know. I mean, they -- we 14:58:47</p> <p>18 didn't interact with them. I mean, within -- 14:58:51</p> <p>19 Mallinckrodt, as the pharmaceutical division 14:58:53</p> <p>20 of Covidien, as I mentioned, those would have 14:58:55</p> <p>21 been handled through medical affairs, 14:58:58</p> <p>22 Mallinckrodt medical affairs. 14:59:01</p> <p>23 Q. Okay. So you said you were 14:59:03</p> <p>24 asked to take the position. 14:59:08</p> <p>25 Who -- by whom were you asked? 14:59:09</p> |

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1 A. The leadership -- senior 14:59:12
 2 leadership of the company. 14:59:14
 3 Q. And who -- by name, who was 14:59:15
 4 that? 14:59:17
 5 A. Specifically that was Terry 14:59:17
 6 Terifay, and he was the vice president of 14:59:20
 7 marketing. 14:59:24
 8 Q. Were you given a formal job 14:59:26
 9 description? 14:59:31
 10 A. No. 14:59:31
 11 Q. At least not a written -- 14:59:36
 12 A. Yeah, there was no -- just it 14:59:38
 13 was do the good work you're doing here, do it 14:59:42
 14 out there. 14:59:44
 15 Q. Okay. Were you provided with a 14:59:45
 16 staff to assist you? 14:59:51
 17 A. No. 14:59:52
 18 Q. Were you provided with any 14:59:53
 19 specific objectives or goals? 15:00:02
 20 A. Not to the extent of -- it was 15:00:05
 21 an -- it was very uncharted territory, 15:00:13
 22 meaning that we -- it was more -- the primary 15:00:18
 23 objective was establish Mallinckrodt as a 15:00:20
 24 presence, so -- as an entity in the medical 15:00:23
 25 community with patient groups so people knew 15:00:27

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1 who Mallinckrodt was. 15:00:30
 2 So a lot of it was just meet 15:00:31
 3 and greet. This is who we are. We're 15:00:32
 4 working on preventing opioid issues, 15:00:35
 5 diversion, get rid of unused opioids type of 15:00:38
 6 things. 15:00:41
 7 Q. Okay. So prior to taking the 15:00:42
 8 director of advocacy position, if I 15:00:43
 9 understood your testimony earlier correctly, 15:00:46
 10 you didn't have any responsibility for any of 15:00:50
 11 Mallinckrodt's opioid business; is that 15:00:52
 12 correct? 15:00:54
 13 A. No. I mean, I did have 15:00:54
 14 responsibility -- or during that 15:00:57
 15 transitional period from PENNSAID to the 15:01:00
 16 advocacy, before advocacy that has -- that -- 15:01:01
 17 before that was established within -- as a 15:01:04
 18 department within the company, I worked for 15:01:06
 19 about two, three months on the Xartemis 15:01:09
 20 product, but that was as a placeholder only. 15:01:14
 21 Q. And what do you mean when you 15:01:16
 22 say it was "a placeholder only"? 15:01:18
 23 A. It was -- I was reporting in 15:01:19
 24 to -- continued to report in to Rod Novak, 15:01:21
 25 but it was just being part of that project 15:01:24

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1 team and just contributing where I can. But 15:01:28
 2 I didn't have any direct responsibility of -- 15:01:32
 3 charged with any direct responsibility for 15:01:35
 4 the brand. 15:01:37
 5 Q. Okay. So there's -- and is 15:01:38
 6 this in the mid-2013 time frame? 15:01:41
 7 A. Yeah, that was all in that 15:01:44
 8 transitional period. It was very fluid. 15:01:46
 9 Q. Okay. So prior to mid-2013, 15:01:49
 10 though, and this transitional period that 15:01:50
 11 you're describing, you hadn't had any 15:01:53
 12 responsibilities with respect to any aspect 15:01:55
 13 of Mallinckrodt's opioid, whether branded or 15:01:56
 14 generic, business, correct? 15:01:58
 15 A. Correct. 15:01:59
 16 Q. Okay. So is it fair to say 15:02:00
 17 that part of the transition into taking the 15:02:03
 18 director of advocacy position was to 15:02:07
 19 familiarize yourself with Mallinckrodt's both 15:02:11
 20 branded and generic opioid business? 15:02:15
 21 A. Not with the generics. I mean, 15:02:18
 22 at that point it wasn't any specific brand. 15:02:20
 23 It wasn't a branded or a generic. It was 15:02:23
 24 advancing Mallinckrodt's initiatives to 15:02:25
 25 dispose of unused opioids, regardless whether 15:02:28

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1 they were branded or generic. 15:02:31
 2 Q. Okay. So as -- at least 15:02:32
 3 initially when you became director of 15:02:34
 4 advocacy, were your -- were your 15:02:35
 5 responsibilities focused on the opioid 15:02:39
 6 disposal issue? 15:02:43
 7 A. Correct, yes. 15:02:45
 8 Q. Okay. And so you weren't 15:02:46
 9 otherwise involved in advocacy related to 15:02:47
 10 other products that Mallinckrodt offered; is 15:02:52
 11 that fair? 15:02:55
 12 A. They -- we had a product 15:02:55
 13 called -- let's see. We were part of that 15:02:59
 14 advocacy initiative that was for multimodal 15:03:01
 15 analgesia, which was again expanding -- we 15:03:04
 16 made -- manufacture a full complement of 15:03:08
 17 analgesics. So we were trying to -- we were 15:03:12
 18 looking at MMA as a way to help educate the 15:03:17
 19 community, whether it being patients, 15:03:24
 20 groups -- not patients, but patient groups 15:03:26
 21 and/or providers regarding multimodal 15:03:28
 22 approach to pain that doesn't rely strictly 15:03:32
 23 or specifically on prescribing a opioid. 15:03:35
 24 Q. Okay. Prior to the mid-2013 15:03:39
 25 time period, if I understood your earlier 15:03:49

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| <p>1 testimony correctly, you didn't have any 15:03:53</p> <p>2 responsibilities at Mallinckrodt for any 15:03:56</p> <p>3 analgesic products, correct? 15:03:59</p> <p>4 A. Correct. 15:04:00</p> <p>5 Q. Okay. Did you have, prior to 15:04:01</p> <p>6 mid-2013, familiarity with the -- what you 15:04:07</p> <p>7 described as the MMA concept and 15:04:11</p> <p>8 Mallinckrodt's promotion of that concept? 15:04:16</p> <p>9 A. I was familiar with the -- yes, 15:04:18</p> <p>10 the medications for that, but in my capacity 15:04:20</p> <p>11 with advocacy, since I was not in a 15:04:22</p> <p>12 commercial realm, I was in policy, government 15:04:26</p> <p>13 affairs, we weren't advocating any particular 15:04:28</p> <p>14 product, but the notion and the therapeutic 15:04:31</p> <p>15 value proposition of MMA. 15:04:35</p> <p>16 Q. Okay. I'm just trying to 15:04:37</p> <p>17 understand how you came to develop sufficient 15:04:38</p> <p>18 familiarity with the MMA concept and 15:04:41</p> <p>19 Mallinckrodt's related products to 15:04:45</p> <p>20 effectively perform your advocacy position. 15:04:47</p> <p>21 So that's really what I'm 15:04:51</p> <p>22 trying to get at here, is just how you came 15:04:52</p> <p>23 to an understanding of what -- what 15:04:54</p> <p>24 Mallinckrodt's position was and what you were 15:04:57</p> <p>25 trying to advocate for. 15:04:59</p> | <p>1 get interest in. And so what we were trying 15:06:17</p> <p>2 to do is figure out, you know, how do we 15:06:20</p> <p>3 create awareness regarding MMA, regardless of 15:06:23</p> <p>4 the product's pharmacological treatment, but 15:06:27</p> <p>5 then also the whole notion of a balanced 15:06:29</p> <p>6 approach to pain, which could be beyond just 15:06:31</p> <p>7 pharmacological treatment. It could be other 15:06:33</p> <p>8 types of therapies such as massage therapy or 15:06:35</p> <p>9 chiropractic medicine. 15:06:38</p> <p>10 So the whole notion of a 15:06:39</p> <p>11 wholistic approach to medicine and managing 15:06:40</p> <p>12 pain was what we were trying to advance. 15:06:43</p> <p>13 Q. Okay. And so was there a 15:06:45</p> <p>14 difference then between the wholistic concept 15:06:47</p> <p>15 that you just described and the MMA concept? 15:06:50</p> <p>16 A. There would be. They would be 15:06:52</p> <p>17 part and parcel of the same, though. The 15:06:54</p> <p>18 wholistic approach to medicine -- to pain was 15:06:58</p> <p>19 more than just -- was treatment beyond just 15:07:00</p> <p>20 pharmacological treatment, pharmaceuticals. 15:07:02</p> <p>21 That was -- that's a balanced approach. 15:07:06</p> <p>22 Multimodal analgesia is just that; it's a 15:07:07</p> <p>23 combination of different analgesics. 15:07:10</p> <p>24 Q. Okay. And do you know when 15:07:13</p> <p>25 Mallinckrodt first began to develop the -- or 15:07:17</p> |
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| <p>1 A. Yeah, we would -- my role would 15:05:00</p> <p>2 work closely with the product teams, medical 15:05:03</p> <p>3 affairs, so I was integrated into the aspects 15:05:06</p> <p>4 of the business that would have clinical 15:05:09</p> <p>5 content, clinical knowledge, then also brand 15:05:11</p> <p>6 awareness. 15:05:15</p> <p>7 Q. Okay. So which products were 15:05:16</p> <p>8 of particular interest to you in terms of the 15:05:24</p> <p>9 advocacy role and the MMA initiative? 15:05:27</p> <p>10 A. Well, the notion of MMA is to 15:05:31</p> <p>11 reduce, significantly reduce, the amount of 15:05:35</p> <p>12 opioids that you're using, but then also have 15:05:38</p> <p>13 adjunctive therapy or add-on therapy that was 15:05:41</p> <p>14 either an ibuprofen or an NSAID or, in some 15:05:44</p> <p>15 cases if it's -- if it's a pharmacological 15:05:49</p> <p>16 treatment. 15:05:54</p> <p>17 So we made those products, so 15:05:54</p> <p>18 it wasn't to say that we had any particular 15:05:56</p> <p>19 product. 15:05:59</p> <p>20 We recognize that MMA, 15:05:59</p> <p>21 particularly within hospitals, if you need to 15:06:01</p> <p>22 start a patient on an opioid, let's see how 15:06:05</p> <p>23 we can continue to advance MMA as -- it was a 15:06:09</p> <p>24 beginning -- it was a beginning -- an area 15:06:13</p> <p>25 that the medical community was starting to 15:06:14</p> | <p>1 to promote the concept of MMA? 15:07:22</p> <p>2 A. It was right around that time 15:07:26</p> <p>3 of 2013 when I came into advocacy, as well 15:07:28</p> <p>4 2012. 15:07:33</p> <p>5 Q. Okay. So prior to you becoming 15:07:33</p> <p>6 involved in the advocacy function, who at 15:07:37</p> <p>7 Mallinckrodt was, if you know, was involved 15:07:39</p> <p>8 in promoting the MMA concept? 15:07:46</p> <p>9 A. That would have been coming out 15:07:49</p> <p>10 of our clinical team and our commercial team 15:07:50</p> <p>11 that was driving that, with the health care 15:07:53</p> <p>12 providers at the time within hospitals. 15:07:56</p> <p>13 Q. And do you know what the 15:07:59</p> <p>14 impetus was at Mallinckrodt for developing 15:08:00</p> <p>15 that MMA initiative? 15:08:04</p> <p>16 A. Well, I do not know. 15:08:06</p> <p>17 Q. Okay. 15:08:12</p> <p>18 A. Excuse me. 15:08:12</p> <p>19 Q. You understood, though, when 15:08:13</p> <p>20 you moved into the advocacy position that one 15:08:18</p> <p>21 of your objectives would be to foster the 15:08:22</p> <p>22 development of the MMA initiative, correct? 15:08:24</p> <p>23 A. For awareness of, yes. 15:08:27</p> <p>24 Q. What -- 15:08:30</p> <p>25 A. Awareness with the health care 15:08:30</p> |

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| <p>1 providers, surgeon -- or there are physicians 15:08:32</p> <p>2 that -- that were -- may not have been 15:08:36</p> <p>3 familiar with the concept, so we would work 15:08:41</p> <p>4 through -- with medical affairs to create 15:08:43</p> <p>5 awareness of what MMA is. 15:08:45</p> <p>6 Q. Okay. And the MMA concept as 15:08:47</p> <p>7 it existed when you moved into the advocacy 15:08:52</p> <p>8 position, to the extent it's multimodal 15:08:55</p> <p>9 analgesics, did Mallinckrodt manufacture all 15:09:01</p> <p>10 of the different analgesic products that 15:09:04</p> <p>11 would go into this multimodal approach? 15:09:06</p> <p>12 A. We were manufacturer of the 15:09:10</p> <p>13 products, but there were -- it could be any 15:09:11</p> <p>14 product that was -- that we -- that were -- 15:09:13</p> <p>15 that was conceptually part of an MMA. So 15:09:15</p> <p>16 that's why we didn't advocate any particular 15:09:17</p> <p>17 product, because there are manufacturers out 15:09:20</p> <p>18 there of MMA products that we did not 15:09:22</p> <p>19 manufacture. 15:09:24</p> <p>20 But we believed in the concept 15:09:25</p> <p>21 of MMA, and that's what we were trying to 15:09:26</p> <p>22 advance. 15:09:28</p> <p>23 Q. Was there -- were there medical 15:09:28</p> <p>24 or scientific studies that -- that had been 15:09:34</p> <p>25 performed that -- that were the underpinnings 15:09:38</p> | <p>1 surgery on some type of analgesic, which then 15:10:54</p> <p>2 led to less adverse events, shorter hospital 15:10:57</p> <p>3 stays, more rapid recovery at home. 15:11:01</p> <p>4 Q. Okay. And what were the -- can 15:11:05</p> <p>5 you describe generally for me the steps that 15:11:17</p> <p>6 you took in your advocacy role to try to 15:11:21</p> <p>7 promote this MMA initiative? 15:11:25</p> <p>8 A. Well, there were several -- 15:11:27</p> <p>9 just trying to understand how -- how would 15:11:32</p> <p>10 you communicate that out, I mean, 15:11:34</p> <p>11 understand -- you know, what is it that we 15:11:37</p> <p>12 want to say, "we" meaning what does the 15:11:39</p> <p>13 science support. How would you support -- 15:11:44</p> <p>14 how would you communicate that out. How do 15:11:45</p> <p>15 you create awareness regarding MMA. 15:11:47</p> <p>16 So we would look to partner 15:11:49</p> <p>17 with professional organizations. There's a 15:11:51</p> <p>18 group called ERISA, E-R-I-S-A. I forget what 15:11:55</p> <p>19 the acronym -- but it was anesthesiologists, 15:12:05</p> <p>20 and understand -- you know, helping them 15:12:09</p> <p>21 understand that, you know, during the pre -- 15:12:11</p> <p>22 pre and postop pain about the concept of MMA. 15:12:13</p> <p>23 We would partner with hospital 15:12:16</p> <p>24 associations, hospitals, and those who were 15:12:19</p> <p>25 doing MMA and were generating -- had positive 15:12:21</p> |
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| <p>1 of the MMA initiative at the time you moved 15:09:41</p> <p>2 into this position? 15:09:44</p> <p>3 A. There were. 15:09:44</p> <p>4 Q. And can you describe for me 15:09:45</p> <p>5 generally what the -- what the general 15:09:49</p> <p>6 description of this multimodal approach would 15:09:55</p> <p>7 be? 15:09:57</p> <p>8 A. The general concept, again, 15:09:57</p> <p>9 we're focusing the effort within hospitals, 15:10:01</p> <p>10 surgical procedures. So if you -- when 15:10:05</p> <p>11 patients who undergo a surgical procedure, if 15:10:11</p> <p>12 you start them on an opioid at the beginning 15:10:14</p> <p>13 of the surgery and you then continue them on 15:10:16</p> <p>14 an opioid following surgery, data suggests 15:10:19</p> <p>15 that those patients who are in the hospital 15:10:24</p> <p>16 tend to have a greater experience of adverse 15:10:25</p> <p>17 events or episodes within the hospital that 15:10:29</p> <p>18 potentially could lead to an adverse event 15:10:32</p> <p>19 such as a fall or drowsiness. 15:10:34</p> <p>20 The journal -- clinical 15:10:37</p> <p>21 journals and studies at the time were showing 15:10:40</p> <p>22 that if you can introduce a multimodal 15:10:41</p> <p>23 approach to pain, pre and postop, that you 15:10:44</p> <p>24 can minimize then the amount of time you 15:10:50</p> <p>25 would have to keep a patient following 15:10:51</p> | <p>1 results. How could we replicate that. How 15:12:26</p> <p>2 could we bring that knowledge to other 15:12:28</p> <p>3 hospitals. How could we create awareness 15:12:31</p> <p>4 that -- with providers that there are 15:12:37</p> <p>5 potentially several ways of managing pain 15:12:43</p> <p>6 that didn't have to require an opioid. 15:12:45</p> <p>7 Q. And you also described this 15:12:47</p> <p>8 wholistic or balanced approach to pain 15:12:54</p> <p>9 management. 15:12:57</p> <p>10 A. Uh-huh. 15:12:57</p> <p>11 Q. Did you also understand that to 15:12:58</p> <p>12 be part of your responsibility in the 15:13:00</p> <p>13 advocacy role, to advocate for that sort of 15:13:02</p> <p>14 approach to pain management? 15:13:05</p> <p>15 A. That was the impetus behind the 15:13:06</p> <p>16 Alliance for Pain Management, recognizing 15:13:09</p> <p>17 that not every patient needed a 15:13:12</p> <p>18 pharmacological treatment, and so how -- how 15:13:14</p> <p>19 could patients who needed -- and/or the 15:13:17</p> <p>20 patient would want to have a treatment beyond 15:13:21</p> <p>21 an opioid, have access to it. What were the 15:13:23</p> <p>22 barriers to treatment, insurance companies, 15:13:28</p> <p>23 others. 15:13:31</p> <p>24 Q. And had anyone at 15:13:32</p> <p>25 Mallinckrodt -- well, when did Mallinckrodt's 15:13:36</p> |

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| <p>1 efforts in advancing the wholistic or 15:13:41</p> <p>2 balanced approach begin? 15:13:44</p> <p>3 A. That 2012 time frame. 15:13:46</p> <p>4 Q. Okay. And so prior to your 15:13:50</p> <p>5 taking the advocacy position, who at 15:13:52</p> <p>6 Mallinckrodt was involved in advancing the 15:13:55</p> <p>7 wholistic or balanced approach to pain 15:13:57</p> <p>8 management? 15:14:00</p> <p>9 A. That would have been our 15:14:00</p> <p>10 medical affairs team. 15:14:01</p> <p>11 Q. And who individually would have 15:14:02</p> <p>12 been involved in that? 15:14:04</p> <p>13 A. One of the individuals 15:14:05</p> <p>14 mentioned earlier, John -- John Decker. 15:14:06</p> <p>15 Q. Okay. And so when you took the 15:14:11</p> <p>16 advocacy position, did you understand one of 15:14:13</p> <p>17 your objectives or goals to be to -- to 15:14:15</p> <p>18 advance the wholistic or balanced approach to 15:14:20</p> <p>19 pain management? 15:14:26</p> <p>20 A. Yes. 15:14:27</p> <p>21 Q. And I think you indicated the 15:14:27</p> <p>22 Alliance was one of the steps to take in that 15:14:28</p> <p>23 regard? 15:14:32</p> <p>24 A. Uh-huh, correct. 15:14:33</p> <p>25 Q. Were there other steps that you 15:14:33</p> | <p>1 enforcement. We make a GPS tracking system 15:15:37</p> <p>2 available to retail pharmacies if there's a 15:15:40</p> <p>3 concern or risk of theft, burglary in the 15:15:43</p> <p>4 pharmacy. 15:15:48</p> <p>5 And so Mallinckrodt, as part of 15:15:48</p> <p>6 our broader platform, which I was leading, 15:15:49</p> <p>7 is, like, what are all the things we can do 15:15:52</p> <p>8 to be good stewards in patient safety, 15:15:54</p> <p>9 community safety, advancing alternatives to 15:15:59</p> <p>10 opioids. 15:16:01</p> <p>11 Q. So you kind of identified three 15:16:01</p> <p>12 broad areas of interest: patients safety, 15:16:15</p> <p>13 community safety and advancing alternatives 15:16:19</p> <p>14 to opioids. 15:16:21</p> <p>15 Were there any other similar 15:16:22</p> <p>16 sort of broad areas of advocacy that you were 15:16:25</p> <p>17 pursuing when you -- when you first took the 15:16:28</p> <p>18 advocacy directorship? 15:16:32</p> <p>19 A. That was enough. 15:16:34</p> <p>20 Q. Okay. Okay. So focusing -- 15:16:37</p> <p>21 just trying to understand what the steps you 15:16:40</p> <p>22 then took to try to pursue each of those, in 15:16:43</p> <p>23 terms of alternatives to opioids, you've 15:16:47</p> <p>24 already testified about the MMA initiative. 15:16:50</p> <p>25 You testified about the balanced pain 15:16:53</p> |
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| <p>1 took in that regard? 15:14:35</p> <p>2 A. That's around the same time we 15:14:36</p> <p>3 started our medication disposal pouch 15:14:38</p> <p>4 initiative as well in order to work with 15:14:40</p> <p>5 community groups to rid homes of unused 15:14:43</p> <p>6 opioids, to keep them from being diverted out 15:14:46</p> <p>7 of their home medicine cabinet. 15:14:48</p> <p>8 Q. Okay. And I certainly 15:14:50</p> <p>9 understand that -- that program as a 15:14:52</p> <p>10 diversion interdiction program. 15:14:54</p> <p>11 Did you also view that as part 15:14:58</p> <p>12 of the balanced or wholistic pain management 15:14:59</p> <p>13 initiative? 15:15:03</p> <p>14 A. No. No, we did not. But it 15:15:03</p> <p>15 was part and parcel to the broader advocacy 15:15:05</p> <p>16 platform of Mallinckrodt's corporate -- of 15:15:08</p> <p>17 our corporate social responsibility 15:15:11</p> <p>18 stewardship program. 15:15:14</p> <p>19 So I was charged with, you 15:15:15</p> <p>20 know, how do you -- how do we continue to 15:15:17</p> <p>21 advance that, our corporate social 15:15:19</p> <p>22 responsibility. That includes MMA, safe 15:15:22</p> <p>23 disposal, collaboration, working with law 15:15:25</p> <p>24 enforcement to -- for example, we make -- we 15:15:29</p> <p>25 make placebo products available for law 15:15:35</p> | <p>1 management initiative. 15:16:55</p> <p>2 A. Uh-huh. 15:16:56</p> <p>3 Q. Were there other steps you took 15:16:57</p> <p>4 in pursuit of the promoting alternatives to 15:16:59</p> <p>5 opioid dimension of your -- of your advocacy? 15:17:03</p> <p>6 A. Promoting opioids or promoting 15:17:05</p> <p>7 MMA? I'm sorry, promoting -- 15:17:09</p> <p>8 Q. I thought you -- I thought one 15:17:11</p> <p>9 of the areas was promoting alternatives to 15:17:12</p> <p>10 opioids. 15:17:13</p> <p>11 A. That would be the MMA. I'm 15:17:14</p> <p>12 sorry. 15:17:14</p> <p>13 Q. Right. 15:17:14</p> <p>14 A. That would be the -- the MMA 15:17:15</p> <p>15 platform, no, it was -- it was working -- 15:17:20</p> <p>16 that would have been it, I mean, just trying 15:17:23</p> <p>17 to understand how do we advance conceptually 15:17:24</p> <p>18 MMA. 15:17:26</p> <p>19 Q. Okay. 15:17:27</p> <p>20 A. I mean, it's -- that may sound 15:17:27</p> <p>21 simplistic on its surface. It was very 15:17:30</p> <p>22 difficult for physicians who were used to 15:17:32</p> <p>23 treating, managing surgery pre and postop one 15:17:36</p> <p>24 way and getting them to introduce a new 15:17:41</p> <p>25 concept. It's not an easy task. 15:17:43</p> |

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| <p>1 Q. Okay. And the balanced pain -- 15:17:47</p> <p>2 balanced pain management -- 15:17:50</p> <p>3 A. Uh-huh. 15:17:52</p> <p>4 Q. -- approach, that was also part 15:17:52</p> <p>5 of the promotion of alternatives to opioids 15:17:54</p> <p>6 or not? 15:17:57</p> <p>7 A. It was -- it was part of it. 15:17:57</p> <p>8 It was broader than just alternatives to 15:17:59</p> <p>9 opioids, though. It was broad -- it was -- 15:18:01</p> <p>10 the only part we had with opioids in the 15:18:04</p> <p>11 Alliance for Balanced Pain Management was 15:18:06</p> <p>12 when an opioid needed to be disposed of, when 15:18:10</p> <p>13 it was no longer needed, how is {sic} we, as 15:18:13</p> <p>14 a community, working together to help get 15:18:15</p> <p>15 word out that we need to dispose of unused 15:18:18</p> <p>16 opioids to prevent them from being diverted 15:18:21</p> <p>17 into the community. 15:18:23</p> <p>18 Q. Okay. So the disposal of 15:18:24</p> <p>19 unused opioids was part of Mallinckrodt's 15:18:33</p> <p>20 focus as part of the Alliance for Balanced 15:18:37</p> <p>21 Pain Management, correct? 15:18:40</p> <p>22 A. It was -- it was part of that, 15:18:41</p> <p>23 yeah. And so we were -- we would -- for 15:18:44</p> <p>24 example, many of those groups were the groups 15:18:46</p> <p>25 that we would partner with to help 15:18:48</p> | <p>1 supportive of it. 15:19:52</p> <p>2 Q. Okay. And what was your 15:19:53</p> <p>3 rationale as you -- when you came up with the 15:19:54</p> <p>4 idea and raised it with others at 15:19:57</p> <p>5 Mallinckrodt? 15:20:00</p> <p>6 A. The rationale behind that is 15:20:00</p> <p>7 the understanding that in order to 15:20:02</p> <p>8 effectively address the opioid epidemic, it 15:20:06</p> <p>9 requires all participants. This is an issue 15:20:10</p> <p>10 that a manufacturer or any one entity cannot 15:20:14</p> <p>11 address on their own. So it requires a 15:20:17</p> <p>12 collective effort that all of us need to be 15:20:19</p> <p>13 involved, whether it be physicians, 15:20:22</p> <p>14 pharmacists, manufacturers, patient groups, 15:20:24</p> <p>15 all have a responsibility to align and 15:20:27</p> <p>16 advance in the interest of public safety the 15:20:31</p> <p>17 importance of disposing of unused 15:20:35</p> <p>18 medications. 15:20:38</p> <p>19 Q. Okay. And once you got support 15:20:38</p> <p>20 at Mallinckrodt for that idea, how did you 15:20:47</p> <p>21 then go about enlisting others to become 15:20:49</p> <p>22 involved in the Alliance? 15:20:52</p> <p>23 A. We would reach out to groups 15:20:53</p> <p>24 who we felt had a vested interest in this. 15:20:55</p> <p>25 May not necessarily have been their mission 15:20:59</p> |
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| <p>1 communicate out the importance of disposal. 15:18:51</p> <p>2 Q. Okay. In terms of the Alliance 15:18:53</p> <p>3 for Balanced Pain Management, did 15:18:55</p> <p>4 Mallinckrodt play any other roles as part of 15:18:56</p> <p>5 that organization or group? 15:18:59</p> <p>6 A. Well, as I shared, we started 15:19:01</p> <p>7 the group, and as a member we -- I was one of 15:19:04</p> <p>8 a member of the steering committee. So we -- 15:19:08</p> <p>9 that program was managed under the 15:19:13</p> <p>10 Mallinckrodt -- auspices of Mallinckrodt, and 15:19:15</p> <p>11 then for about 18 months to two years before 15:19:18</p> <p>12 we turned it over to another third-party 15:19:21</p> <p>13 group, 501(c), to manage. 15:19:23</p> <p>14 Q. Okay. And whose idea was it to 15:19:26</p> <p>15 start the Alliance? 15:19:28</p> <p>16 A. That was mine. 15:19:31</p> <p>17 Q. Okay. And did you discuss it 15:19:32</p> <p>18 at anyone {sic} with Mallinckrodt before 15:19:34</p> <p>19 trying to enlist other organizations to 15:19:36</p> <p>20 become part of it? 15:19:40</p> <p>21 A. Yes, I did. 15:19:40</p> <p>22 Q. Who did you discuss it with? 15:19:41</p> <p>23 A. It would have been discussed 15:19:42</p> <p>24 with senior leadership, legal, medical, my 15:19:44</p> <p>25 chain of command. So the organization was 15:19:48</p> | <p>1 but yet may have a constituent that would be 15:21:01</p> <p>2 affected by unused opioids, having them 15:21:05</p> <p>3 around. Or patient groups or groups that 15:21:06</p> <p>4 were heavily interested in community safety 15:21:10</p> <p>5 partnership. 15:21:15</p> <p>6 And so we would look at and 15:21:16</p> <p>7 say, you know, who has similar missions, 15:21:17</p> <p>8 similar interests in this area, and we'd 15:21:19</p> <p>9 reach out to them. We would share the vision 15:21:21</p> <p>10 of it. And we were transparent and say, this 15:21:25</p> <p>11 is what it is, this is what it's not, and 15:21:28</p> <p>12 it's a voluntary position. Do you want to be 15:21:31</p> <p>13 part of it, and they would say yes or no. 15:21:34</p> <p>14 Q. Okay. Prior to the Alliance, 15:21:36</p> <p>15 had Mallinckrodt engaged in any other 15:21:43</p> <p>16 initiatives to address the need for disposal 15:21:46</p> <p>17 of unused opioids? 15:21:51</p> <p>18 A. We were working with what we 15:21:52</p> <p>19 called NADDI, the National Association of 15:21:58</p> <p>20 Drug Diversion Investigators, where we would 15:22:03</p> <p>21 purchase and donate to NADDI drug 15:22:06</p> <p>22 disposal boxes, these are at a drug kiosk, 15:22:08</p> <p>23 that patients then could take to their local 15:22:10</p> <p>24 police station. 15:22:12</p> <p>25 And so we would donate -- we 15:22:13</p> |

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| <p>1 would provide them to NADDI. NADDI then 15:22:14</p> <p>2 would work with local law enforcement through 15:22:15</p> <p>3 a grant process that the -- the local law 15:22:18</p> <p>4 enforcement would request one of these drug 15:22:23</p> <p>5 disposal bins, and NADDI then would make it 15:22:25</p> <p>6 available as they were. 15:22:28</p> <p>7 Q. And so what sort of 15:22:30</p> <p>8 organization was NADDI? 15:22:31</p> <p>9 A. NADDI is a third-party 15:22:33</p> <p>10 organization. Its membership's comprised of 15:22:35</p> <p>11 law enforcement, sheriffs, county, law 15:22:40</p> <p>12 enforcement. 15:22:46</p> <p>13 Q. And so Mallinckrodt would make 15:22:46</p> <p>14 boxes available to NADDI for NADDI to then 15:22:47</p> <p>15 make available -- 15:22:50</p> <p>16 A. To a local police station or 15:22:52</p> <p>17 sheriff's office. 15:22:53</p> <p>18 Q. Okay. And do you know when 15:22:54</p> <p>19 Mallinckrodt first began making the boxes 15:22:59</p> <p>20 available to NADDI? 15:23:02</p> <p>21 A. I want to -- it was before 15:23:03</p> <p>22 advocacy started, and I want to say that that 15:23:06</p> <p>23 program started around 2010. 15:23:09</p> <p>24 Q. Okay. Apart from that program 15:23:11</p> <p>25 of making boxes available to NADDI, prior to 15:23:14</p> | <p>1 And it had a measurement on the back end of 15:24:38</p> <p>2 it to see if it actually -- where it was 15:24:40</p> <p>3 effective. 15:24:42</p> <p>4 Q. And who at Mallinckrodt was 15:24:42</p> <p>5 involved in that program? 15:24:43</p> <p>6 A. That was -- that was through 15:24:44</p> <p>7 our medical affairs department. 15:24:47</p> <p>8 Q. I want to focus just for 15:24:49</p> <p>9 another moment on this concept of disposal of 15:24:54</p> <p>10 unused opioids, because I asked you about it 15:24:59</p> <p>11 a moment ago, and I think a number of things 15:25:00</p> <p>12 you answered, at least to me, as I understood 15:25:02</p> <p>13 them, dealt with diversion interdiction as 15:25:06</p> <p>14 compared to disposal of unused opioids. 15:25:10</p> <p>15 For example, the suspicious 15:25:12</p> <p>16 order monitoring program, I mean, that didn't 15:25:14</p> <p>17 really deal directly with disposal of unused 15:25:19</p> <p>18 opioids, correct? 15:25:23</p> <p>19 A. Same thing. 15:25:24</p> <p>20 MR. O'CONNOR: Can you repeat 15:25:26</p> <p>21 that, please? 15:25:28</p> <p>22 QUESTIONS BY MR. GOTTO: 15:25:28</p> <p>23 Q. Sure. 15:25:29</p> <p>24 My question -- the suspicious 15:25:29</p> <p>25 order monitoring program at Mallinckrodt, 15:25:30</p> |
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| <p>1 the Alliance for Balanced Pain Management, 15:23:18</p> <p>2 were there any other initiatives at 15:23:21</p> <p>3 Mallinckrodt of which you're aware to address 15:23:23</p> <p>4 the need for disposal of unused opioids? 15:23:26</p> <p>5 A. Disposal? Well, we had the red 15:23:30</p> <p>6 flags video that we talked about. We've 15:23:35</p> <p>7 always -- we had a significant -- and I -- 15:23:41</p> <p>8 I'm not -- can't speak to -- I -- the 15:23:43</p> <p>9 suspicious order monitoring program. 15:23:45</p> <p>10 We had -- we worked with law 15:23:50</p> <p>11 enforcement to dispose of it. We made 15:23:51</p> <p>12 available the placebos and the GPS tracking 15:23:53</p> <p>13 systems within bottles. 15:23:57</p> <p>14 We were also then addressing 15:23:59</p> <p>15 through a variation of REMS, risk evaluation 15:24:03</p> <p>16 mitigation strategy -- Mallinckrodt's 15:24:08</p> <p>17 developed and funded a program called 15:24:10</p> <p>18 REMEDIES. REMEDIES was a program that was 15:24:15</p> <p>19 offered to physicians in conjunction with 15:24:17</p> <p>20 their REMS training that was designed to 15:24:21</p> <p>21 measure outcomes in physician behavior and 15:24:24</p> <p>22 whether they were -- either reduced or 15:24:27</p> <p>23 changed the way they prescribed opioids and 15:24:30</p> <p>24 how they were educating patients regarding 15:24:32</p> <p>25 safe disposal and did they start doing that. 15:24:36</p> | <p>1 that did not deal directly with the issue of 15:25:32</p> <p>2 disposal of unused opioids, did it? 15:25:33</p> <p>3 MR. O'CONNOR: I will object. 15:25:37</p> <p>4 But you can answer as best you 15:25:39</p> <p>5 know. 15:25:41</p> <p>6 THE WITNESS: No, not -- not to 15:25:41</p> <p>7 the extent to which we designed the 15:25:43</p> <p>8 program to dispose of unused 15:25:45</p> <p>9 medications in the patient's home. 15:25:47</p> <p>10 QUESTIONS BY MR. GOTTO: 15:25:49</p> <p>11 Q. Okay. And the red flags video 15:25:49</p> <p>12 that you mentioned, did that deal with the 15:25:51</p> <p>13 disposal of unused opioids? 15:25:54</p> <p>14 A. To the disposal end, no. 15:25:55</p> <p>15 Q. Okay. 15:25:56</p> <p>16 A. It was just part of the larger 15:25:56</p> <p>17 collection of what we were doing. 15:25:58</p> <p>18 Q. Sure, I understand. I'm just 15:25:59</p> <p>19 trying to focus on the disposal -- 15:26:01</p> <p>20 A. Disposal, uh-huh. 15:26:01</p> <p>21 Q. -- issue for the moment. 15:26:04</p> <p>22 And you also mentioned making 15:26:05</p> <p>23 placebos available to law enforcement. 15:26:06</p> <p>24 That didn't deal directly with 15:26:08</p> <p>25 disposal of unused opioids, correct? 15:26:10</p> |

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| <p>1 A. No. 15:26:12</p> <p>2 Q. And the GPS tracking, did that 15:26:12</p> <p>3 deal with disposal of unused opioids? 15:26:14</p> <p>4 A. No. 15:26:19</p> <p>5 Q. Okay. All right. So focusing 15:26:19</p> <p>6 simply on the disposal of unused opioids 15:26:20</p> <p>7 issue prior to the Alliance, understand there 15:26:23</p> <p>8 was the program of making the boxes available 15:26:27</p> <p>9 to NADDI, were there any other initiatives or 15:26:30</p> <p>10 programs at Mallinckrodt that you're aware 15:26:33</p> <p>11 of? 15:26:35</p> <p>12 A. We had the CARES Alliance 15:26:35</p> <p>13 program, but I don't know -- I'd have to look 15:26:43</p> <p>14 into it. I know there were several pieces in 15:26:46</p> <p>15 there. I don't know if any of the pieces had 15:26:48</p> <p>16 to do specifically with disposal. I'd have 15:26:49</p> <p>17 to refresh my memory on that. 15:26:52</p> <p>18 Q. Okay. So going back now, a few 15:26:59</p> <p>19 minutes ago you had described sort of three 15:27:01</p> <p>20 broad areas of initiative in your advocacy 15:27:04</p> <p>21 role: the reduction of use of opioids, the 15:27:09</p> <p>22 community safety and patient safety. 15:27:12</p> <p>23 And we've talked about a few 15:27:16</p> <p>24 things now. We've talked about MMA. We've 15:27:17</p> <p>25 talked about the Alliance. We've talked 15:27:19</p> | <p>1 broad area you described earlier was patient 15:28:37</p> <p>2 safety. 15:28:40</p> <p>3 Again, apart from the 15:28:41</p> <p>4 initiatives we've already discussed, were 15:28:42</p> <p>5 there any other initiatives that you oversaw 15:28:43</p> <p>6 or promoted in your advocacy role aimed at 15:28:46</p> <p>7 promoting patient safety? 15:28:49</p> <p>8 A. No. Nothing comes to mind. 15:28:50</p> <p>9 Q. Okay. And I think you 15:28:53</p> <p>10 indicated you held the director of advocacy 15:28:56</p> <p>11 position until the end of 2016. 15:28:58</p> <p>12 Did you take a different 15:29:00</p> <p>13 position at that point? 15:29:02</p> <p>14 A. Well, I still have the advocacy 15:29:03</p> <p>15 title. 15:29:05</p> <p>16 Q. Okay. 15:29:05</p> <p>17 A. But was added, then, government 15:29:05</p> <p>18 affairs. 15:29:09</p> <p>19 Q. Okay. And government affairs, 15:29:10</p> <p>20 what does that mean generally? 15:29:11</p> <p>21 A. Government affairs broadened 15:29:12</p> <p>22 the responsibility to include engagement at a 15:29:16</p> <p>23 federal and state level with legislators, 15:29:18</p> <p>24 policymakers. 15:29:22</p> <p>25 Q. Okay. And so prior to 2017, 15:29:23</p> |
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| <p>1 about providing placebos to law enforcement. 15:27:22</p> <p>2 We've talked about the suspicious order 15:27:26</p> <p>3 monitoring program. 15:27:30</p> <p>4 In terms of promotion of 15:27:31</p> <p>5 community safety, are there other initiatives 15:27:32</p> <p>6 that you oversaw or promoted as part of your 15:27:37</p> <p>7 advocacy role? 15:27:39</p> <p>8 A. We would then actually get -- 15:27:40</p> <p>9 conduct community events, and so we would do 15:27:43</p> <p>10 programs that we would partner with a 15:27:50</p> <p>11 third-party group, Summit County, Lee County, 15:27:53</p> <p>12 Summit County Health Department, local YMCAs. 15:27:57</p> <p>13 We would partner with Knights of Columbus. 15:28:01</p> <p>14 So groups that we felt would take -- could 15:28:04</p> <p>15 take charge, we would donate the pouches to 15:28:06</p> <p>16 them, and then they could then host a 15:28:11</p> <p>17 community event to create awareness regarding 15:28:12</p> <p>18 the importance of safe disposal. 15:28:15</p> <p>19 Q. Okay. Were there other aspects 15:28:18</p> <p>20 of these type of community events apart -- 15:28:21</p> <p>21 from Mallinckrodt's perspective, apart from 15:28:25</p> <p>22 providing the disposal pouches and 15:28:27</p> <p>23 information about the importance of disposal? 15:28:29</p> <p>24 A. No. 15:28:31</p> <p>25 Q. Okay. And I think the third 15:28:32</p> | <p>1 did you not have responsibility in those 15:29:27</p> <p>2 areas? 15:29:28</p> <p>3 A. No. I engaged in it, but I did 15:29:29</p> <p>4 not have responsibility for it. I was party 15:29:31</p> <p>5 to it. 15:29:35</p> <p>6 Q. Okay. And so who had 15:29:35</p> <p>7 responsibility for it during the period you 15:29:37</p> <p>8 engaged in it but didn't have responsibility 15:29:38</p> <p>9 for it? 15:29:40</p> <p>10 A. That would have been my boss, 15:29:40</p> <p>11 Derek Naten. 15:29:44</p> <p>12 MR. GOTTO: Okay. Okay. I 15:29:45</p> <p>13 think that's probably a good place to 15:29:47</p> <p>14 stop for today. Let's go off the 15:29:48</p> <p>15 record. 15:29:50</p> <p>16 VIDEOGRAPHER: We are going off 15:29:50</p> <p>17 the record at 3:29 p.m. 15:29:51</p> <p>18 (Off the record at 3:29 p.m.) 15:29:54</p> <p>19 -----</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> |

1 CERTIFICATE
2

3 I, CARRIE A. CAMPBELL, Registered
4 Diplomat Reporter, Certified Realtime
Reporter and Certified Shorthand Reporter, do
5 hereby certify that prior to the commencement
of the examination, Kevin Webb, was duly
6 sworn by me to testify to the truth, the
whole truth and nothing but the truth.

7 I DO FURTHER CERTIFY that the
8 foregoing is a verbatim transcript of the
testimony as taken stenographically by and
9 before me at the time, place and on the date
hereinbefore set forth, to the best of my
10 ability.

11 I DO FURTHER CERTIFY that I am
neither a relative nor employee nor attorney
12 nor counsel of any of the parties to this
action, and that I am neither a relative nor
13 employee of such attorney or counsel, and
that I am not financially interested in the
14 action.
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16

17 CARRIE A. CAMPBELL,
18 NCRA Registered Diplomat Reporter
Certified Realtime Reporter
19 California Certified Shorthand
Notary Public
20 Dated: January 22, 2019
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22
23
24
25

1 INSTRUCTIONS TO WITNESS
2

3 Please read your deposition over
4 carefully and make any necessary corrections.
5 You should state the reason in the
6 appropriate space on the errata sheet for any
7 corrections that are made.

8 After doing so, please sign the
9 errata sheet and date it. You are signing
10 same subject to the changes you have noted on
11 the errata sheet, which will be attached to
12 your deposition.

13 It is imperative that you return
14 the original errata sheet to the deposing
15 attorney within thirty (30) days of receipt
16 of the deposition transcript by you. If you
17 fail to do so, the deposition transcript may
18 be deemed to be accurate and may be used in
19 court.
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1 ACKNOWLEDGMENT OF DEPONENT
2

3 I, _____, do
4 hereby certify that I have read the foregoing
5 pages and that the same is a correct
transcription of the answers given by me to
6 the questions therein propounded, except for
the corrections or changes in form or
7 substance, if any, noted in the attached
Errata Sheet.
8
9
10
11
12

13 Kevin Webb, FACT DATE
14

15 Subscribed and sworn to before me this
16 _____ day of _____, 20 ____.

17 My commission expires: _____
18

19 Notary Public
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1 -----
2 ERRATA
3 -----

4 PAGE LINE CHANGE/REASON
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LAWYER'S NOTES

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